

*Reducing
mental health
disparities
among
rural veterans*

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The next issue of the *South Central MIRECC Communiqué* will be published January 3, 2010. Deadline for submission of items to the December newsletter is December 28, 2010. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Ashley McDaniel, at Ashley.McDaniel@va.gov

South Central MIRECC
Internet site:
www.mirecc.va.gov/visn16

National MIRECC Internet
site: www.mirecc.va.gov

BRINGING THE SOCIAL NETWORK TO VA MENTAL HEALTH PROVIDERS: THE VISN 16 MH PROVIDERS COMMUNITY OF PRACTICE

By Ashley McDaniel, M.A.

On September 1, 2010, the SC MIRECC launched the VISN 16 Mental Health Providers Community of Practice website. The website was developed in collaboration with the VISN 16 Mental Health Product Line (MHPL), with funding from the VISN 16 Office of Rural Health.

Online communities of practice are being formed in VA facilities nationwide to promote communication among providers in various geographic locations and increase access to educational materials and resources. The VISN 16 Community of Practice aims to create a virtual network involving the SC MIRECC, MHPL, parent facilities and community-based outpatient clinics (CBOCs) to improve access to educational interventions and materials related to mental health treatment, provide discussion forums for providers to communicate with each other about clinical issues, and



create a “practice network” that provides a central location to capture best practices, share information, and promote standardized practices and processes in mental healthcare.

The website is a product of the SC MIRECC CBOC Partnership Project, which conducted site visits and a

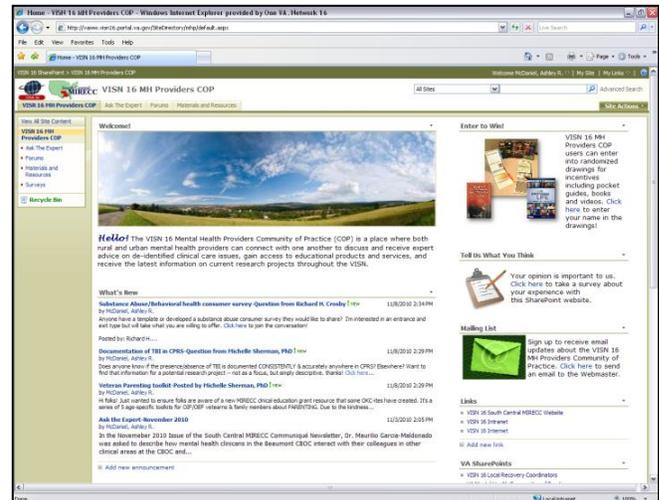
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The VISN 16 MH Providers Community of Practice continued...

needs assessment to build relationships between the SC MIRECC and the clinics. VISN 16 has a large concentration of rural Veterans and several CBOCs. During the site visits, CBOC clinicians and administrators frequently expressed concern that they feel isolated and rarely have contact with colleagues in other CBOCs, or even colleagues at their parent facility. The Community of Practice network is an attempt to facilitate communication across sites, programs, and disciplines and share best practices. Partnership project staff included Mary Sue Farmer, M.S., Kim Arlinghaus, M.D., and Cayla Teal, Ph.D.

The Community of Practice network is helmed by Tom Teasdale, Dr.P.H. and Ashley McDaniel, M.A., who serves as webmaster. The website provides a forum where users can routinely post mental health related information and where other members can read and comment on posts. The SC MIRECC has also posted their store of educational materials available for download and links to additional resources available on the web. These opportunities to access MH providers, web courses, interactive electronic technologies, and clinical case consultation with peers and colleagues translates to more informed and connected MH providers in VISN 16, and specifically isolated practitioners in rural areas.

Currently, the staff is focusing on marketing the website to make it a self-sustaining resource for VA clinicians. "This COP, like other social networking websites, relies heavily on critical mass. That is, the more people we have who



actively use the website, especially the discussion forums, the more likely others will participate on the website and take part in those community conversations. We know that our providers have busy clinical schedules, but we hope to show them that it is worth their time to get on the website and talk to each other," explains Teasdale.

Users can access several interesting sections on the website:

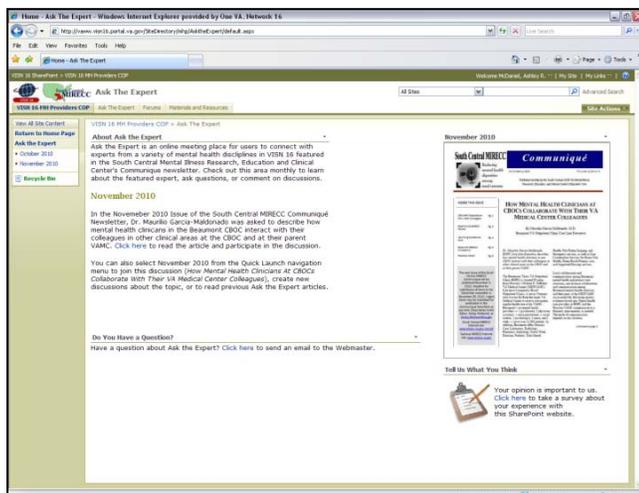
Ask the Expert

Ask the Expert is an online meeting place for users to connect with experts from a variety of mental health disciplines in VISN 16 featured in the *Communique*. Check out this area monthly to learn about the featured expert, ask questions, or comment on discussions. The first article in the series began October 2010.

Forums

Forums provide a space for discussing topics. Participants post questions, answers, and comments for everyone to see. Users can also use Outlook 2007 to interact with forums or sign up to receive alerts for responses. Posting comments and replies can be as simple as sending VA email.

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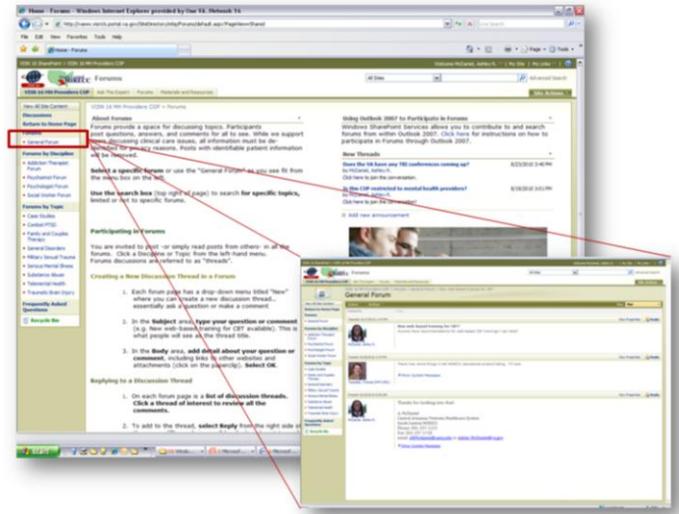
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Materials and Resources

The Materials and Resources section is a repository of educational products for clinicians. These products include treatment manuals, educational videos, newsletters, and web courses, as well as links to websites, reports and journal articles. Contact information to obtain the materials is provided in cases where the product cannot be downloaded or streamed directly from the website.

Website users can also receive incentives for their participation. Users can enter into random drawings for educational incentives such as pocket guides, books and videos. Individuals who post in Forums, participate in Ask the Expert discussions, or recommend resources in the Materials and Resources section of the website may also be entered in random drawings to receive educational incentives.

Currently, the Community of Practice website averages 90 users per month. "It's a good start, but we definitely want to increase that number. Users will only be encouraged to return to the Community of Practice website when they see that other users are visiting and having conversations," said Teasdale. Staff members have also received positive feedback about the website. "I think the website is very helpful and look forward to exploring more and utilizing and sharing resources," said Dr. Nicole Webb, a psychologist with the VA Gulf Coast Healthcare System. Users can also complete a satisfaction survey to rate their experience with the website and offer recommendations for improvement.



VISN 16 clinicians can access the website from a VA computer at <http://vaww.visn16.portal.va.gov/SiteDirectory/mhp/default.aspx>. Clinicians outside VISN 16 can email the webmaster at Ashley.McDaniel@va.gov to get access to the website.

Please access the website and post comments or questions in the forums. Propose a new forum that would help you (e.g., CBOC administrators). Tell us what you think about the site. The more the website is used, the more useful it becomes. ■

ATTRIBUTION (ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT)

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should cite references to the SC MIRECC if you receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

RECENT SC MIRECC PUBLICATIONS

Multi-component Treatment for Posttraumatic Nightmares in Vietnam Veterans: Two Case Studies

Wanner, J., Long, M. E., & Teng, E. J.

Journal of Psychiatric Practice, 2010, 16(4):243-249

Posttraumatic nightmares are trauma-related distressing dreams that cause a person to wake up. Posttraumatic nightmares can be a devastating addition to the clinical picture of PTSD, because they can result in increased levels of PTSD symptoms and overall distress and decreased sleep; they are also often resistant to typical PTSD treatments. While specialized treatments have been developed and empirically examined in the civilian population, these treatments have not been thoroughly explored with the Veteran population, despite the fact that 50%-88% of Vietnam Veterans experience chronic posttraumatic nightmares.

This article presents two case reports involving Vietnam Veterans. These reports describe the initial investigation of a variant of a treatment that has been successful in treating chronic posttraumatic nightmares in the civilian population and has been

modified to meet the needs of the Veteran population. Analyses revealed that both Veterans reported moderate reductions in sleep disturbances over the course of treatment, as well as clinically significant reductions in PTSD and depressive symptoms across assessments. These preliminary findings provide encouraging data that warrant further study. Limitations and future research are discussed.

Greater prevalence and incidence of dementia in older Veterans with PTSD

Qureshi, S. U., Kimbrell, T., Pyne, J. M., Magruder, K. M., Hudson, T. J., Petersen, N. J., Yu, H. J., Schulz, P. E., & Kunik, M. E.

Journal of the American Geriatrics Society, 2010, 58(9), 1627-1633.

The purpose of this study was to explore the association between PTSD and dementia in older Veterans. The project consisted of an administrative database study of individuals seen within one regional division of the Veterans Affairs healthcare network in Veterans Integrated Service Network 16. Participants were Veterans aged 65 and older who had a diagnosis of PTSD or who were recipients of a Purple Heart (PH) and a comparison group of the same age with no PTSD

diagnosis or PH were divided into four groups: those with PTSD and no PH (PTSD+/PH-, n=3,660), those with PH and no PTSD (PTSD-/PH+, n=1,503), those with PTSD and a PH (PTSD+/PH+, n=153), and those without PTSD or a PH (PTSD-/PH-, n=5,165).

Measurements consisted of incidence and prevalence of dementia after controlling for confounding factors in multivariate logistic regression. The PTSD+/PH- group had a significantly higher incidence and prevalence of dementia than the groups without PTSD with or without a PH. The prevalence and incidence of a dementia diagnosis remained two times as high in the PTSD+/PH- group as in the PTSD-/PH+ or PTSD-/PH- group after adjusting for the confounding factors. There were no statistically significant differences between the other groups.

The incidence and prevalence of dementia is greater in Veterans with PTSD. It is unclear whether this is due to a common risk factor underlying PTSD and dementia or to PTSD being a risk factor for dementia. Regardless, this study suggests that Veterans with PTSD should be screened more closely for dementia. Because PTSD is so common in Veterans, this association has important implications for Veteran care. ■

RECOVERY CORNER

THE POWER OF A VETERAN'S RECOVERY STORY

By Jenifer Strauss

This month's Recovery Corner article is printed with permission from the author, Jenifer Strauss, a keynote speaker, storyteller, and workshop facilitator from Hastings, Michigan. She presents her Turning Points Personal Narrative Model nationally, to help people in recovery create and tell their stories. Jenifer can be reached at jenifer@storybetold.com.

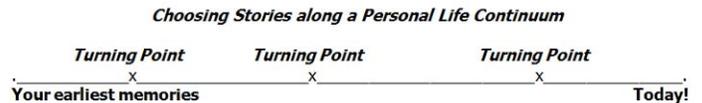
“When you tell a story that touches me, you give me the gift of human attention—the kind that connects me to you, that touches my heart and makes me feel more alive.” (From The Story Factor by Annette Simmons).

Human beings have one very important and powerful thing in common. From the time we begin to communicate or express ourselves, we share our lives in story. In fact, current brain research indicates that human beings think, learn, and remember in narrative or story. We share stories informally each day, about the people who are important to us, the places that hold memories, and the events or turning points in our lives that have had impact or meaning.

I make my living telling stories to help people learn, heal, and connect. Lately, I have been giving careful attention to the stories that people tell about themselves. When I ask someone about their life, how do they answer? What part of their story do they choose to share? What part of their story are they leaving out? Are their stories about limitations or are they about possibilities? Are they telling their whole story?

Our stories are a vast accumulation of experiences that we have had along the continuum of our life's journey so far. Our lives are one long, changing story. We can stop at many points along that continuum and find a story about an experience that impacted our lives. Each stop is like a portal, or a “door” that can be opened to a story that will give us new insights about ourselves. Think of three things that happened to you in your life so far, from the time you began remembering, to this very day. What are three important or impacting events you have experienced? Can you tell a story about each of these events? How did these particular events cause you to grow, learn or change?

Choosing Stories along a Personal Life Continuum



Some of the stories we tell about ourselves are joyful...some are sad. Some stories are painful, and some are full of hope and inspiration. Some of our “story doors” take courage to open. Some, we may not be ready to open until later. Each of us has a whole story, and telling our personal stories, can help us see our lives as whole. Listening to the stories that others tell, can do the same.

For those of us dealing with the challenges of mental illness, our story can start to feel heavy and lopsided. And so, the recovery stories that we tell should include all the facets of who we are. Not just our challenges, but our joys and successes too. Recovering from mental illness is not our whole story but it is an important part of our story.

To understand how all parts of our lives create our Personal Story Continuum, try this. Create **“Your Own Personal Top Twelve”**. Take a piece of paper and number it 1-12. Everything you write on your list is a potential story. Write down three *things that you love to do*. Now write down three *people* who are important to you, who have impacted your life. Next, write down three *objects* that hold a special meaning for you (a family heirloom, piece of jewelry, favorite piece of clothing, special gift or find).

Finally, write down three ways to *describe who you are* (character traits) by completing the prompt, I am _____. (ex. Quiet, loud, shy, artistic, athletic, musical, introspective, energetic, helpful, responsible).

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When you finish generating the list, look at each item and ask yourself, “is there a story about that?” I think you will start to see that our lives are made up of a series of experiences that are connected and can be shared in story.

So for those of us in recovery, why is it important to share our stories? I believe that when we know and tell our own story, we understand ourselves better. When we listen to and witness the stories that others tell, we understand others **and** ourselves better. Our life experience is mirrored in the stories that others tell, for the truth, clothed in a story, is always easier to tell and to hear.

Why Tell Our Story?

- The stories that we share from our life experience speaks to the truth about living with, and recovering from mental illness.
- Our stories can help break through the stigma about the causes of mental illnesses by breaking down barriers of ignorance, prejudice and unfair discrimination, and promoting education, awareness and action.
- Our stories can be the advocacy tool that protects against the abuse of rights and mistreatment of consumers.
- Telling our story, and listening to the stories of others in recovery, can promote our healing and the healing of our peers.

Suggestions for Consumers:

- Use storytelling and story writing activities with peer groups, or in your Club House settings to support and empower each other. Make it a weekly or monthly event.
- Speak to groups of adolescents who are dealing with mental health issues to mentor them in recovery.

- Write your story and post it on a blog, or place your story on other mental health related posts.
- Send your story to magazines, newsletters, or publications that print recovery stories that others can read and benefit from.
- Create an inspiring story piece for You Tube!

Suggestions for Mental Health Providers and Advocates:

- Use narrative writing and telling as a healing tool for those you provide mental health care for.
- Provide a listening space for your clients in group therapy so each individual’s stories can be heard in a safe, supportive environment.
- Involve family members of consumers in storytelling and story listening sessions to help create awareness and understanding.
- Ask consumers to share stories, or use stories, with permission, to help dissolve stigma, create policy, and advocate for the protection of rights for mental health care recipients.

In his book, *“Listening for True Treasures in the Wind”*, author Ron Collins says, “When we take our time and focus on our fellow human beings and give of ourselves, we can truly connect our inner core with another inner core. It is empowering... True listening connects living souls, enhances healing, reduces loneliness, empowers, and impacts all of our lives in the most positive ways... The person you come across can be impacted by the true listening you give to them. Both of our lives can be impacted in ways you can only imagine due to the gift of true listening.”

When we know where we have come from and understand our past “story”, we can understand our present story with greater clarity. Our future story can be one of possibilities, not limitations, for the most powerful way to connect with other human beings, at the core, is to tell and listen to each other’s stories. ■

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MENTAL HEALTH CARE RESOURCES

Courage to Care “Asking for Help” Fact Sheets

The newest Courage to Care fact sheets addressing the health behavior of “asking for help” are available from the Center for the Study of Traumatic Stress. These facts sheets address the reluctance many individuals may have concerning asking for help for fear of appearing weak, or simply because they do not know how.

Courage to Care provides a 4-step model and sound bites that providers can use to educate patients and to facilitate “asking for help” behaviors, as well as a fact sheet for patients that reinforces the importance and “know how” of asking for help. Visit http://www.cstsonline.org/resources/category-1_courage_to_care to download the ‘Asking for Help: Facilitating Important Behaviors for Health and Family Function” provider sheet and the companion patient sheet, “Asking for Help: Do You Know How?”

Mental Health Services in Rural Jails (Working Paper #42)

Using a qualitative approach, this study explored the role of rural jails in the mental health systems in rural communities, investigating how rural jails manage mental health and substance abuse problems among inmates, determining barriers to providing mental health services faced by rural jails, and identifying promising practices for service delivery. Rural jail administrators and mental health providers understood the need for mental health services for jail inmates but were constrained by inadequate community mental health resources, lack of coordination with community mental health providers, and infrastructure challenges, including facilities, transportation, training and legal processes. Promising practices include short-term hold policies, separation of inmates with mental health concerns, and regular communication among stakeholders. For more information, contact David Hartley, Ph.D., M.H.A., Maine Rural Health Research Center, Phone: 207-780-4513, davidh@usm.maine.edu. To download the paper, visit <http://muskie.usm.maine.edu/Publications/rural/Rural-Jails-Mental-Health.pdf>.

DECEMBER CONFERENCE CALLS		ACCESS
CALL-IN NUMBER: 1-800-767-1750		CODE
13	MIRECC Site Leaders, 11:00 AM CT	27761#
14	MIRECC Leadership Council, 3:30 PM CT	19356#
15	MIRECC Program Assistants, 2PM Central	43593#
21	VISN 16 Mental Disaster Team, 11AM CT	76670#
23	National MIRECC & CORE Education Implementation Science Interest Group, <i>CANCELLED DUE TO HOLIDAYS</i>	28791#
27	MIRECC Education Core, 3:00 PM CT <i>CANCELLED DUE TO HOLIDAYS</i>	16821#
28	MIRECC Leadership Council, 3:30 PM CT	19356#